



**FEE CALCULATION**

For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	33	- 33	0	\$ 50.00	\$ 0.00
Indep. Claims	6	- 6	0	\$ 200.00	\$ 0.00
Multiple Dependent Claims (add \$300.00 if applicable)					\$ 0.00
Petition for 1 Month Extension of Time					\$120.00
OTHER FEE (specify purpose):					\$ 0.00
<b>TOTAL FEE</b>					<b>\$120.00</b>

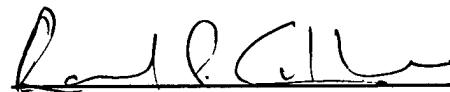
Credit Card Authorization Payment Form in the amount of **\$120.00** is enclosed.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

January 13, 2006  
Date

  
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